



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440 (Telephone) * (866) 888-7130 (Fax)
www.sos.state.ga.us/plb/counselors

PROFESSIONAL COUNSELOR
POST-MASTER'S DIRECTED EXPERIENCE - MISSING OR DECEASED DIRECTOR AFFIDAVIT
FORM D

INSTRUCTIONS: NO FAXED FORMS ACCEPTED.

- Please type or print clearly.
- Post-Master's directed experience may have been obtained at any time during your professional career. The directed experience documented for your licensure application need not necessarily be from the Director(s) who provided your original experience. Recent directed experience may be used, as long as it meets the standards set out in the Rules for Professional Counselors. See Board Rule Chapter 135-5-.02 (a).

The Director must be:

- Either the employer **or** the supervisor in the employment chain of command.
- Located at the same site where the experience is being acquire.

APPLICANTS:

- Make every effort to locate the as many of the directors of Directed Experience as necessary to document the required Directed Experience.
- You may show your diligence with returned mail, copies of letters, verifications from your academic institution, etc.
- If, however, you have obtained sufficient directed experience to meet licensure requirements, but after a diligent search you are unable to locate enough Directors to document the required time, you may attest to undocumented Directed Experience by taking the Oath below.
- The Board may require additional information upon review.

OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Director: _____

who served as my Director of directed experience in the practice of Professional Counseling at:

Name and Address of Agency or Organization

from : _____ to _____ totaling _____ years/s on the time basis of _____ hours/week.
Month/Year Month/Year

I have attached copies of letters and/or returned mail that demonstrates my attempt/s to reach this individual..

Date
Sworn to and subscribed before me this
_____ day of _____, _____.

Signature of Applicant

Notary Public
My Commission Expires: _____.

NOTARY SEAL